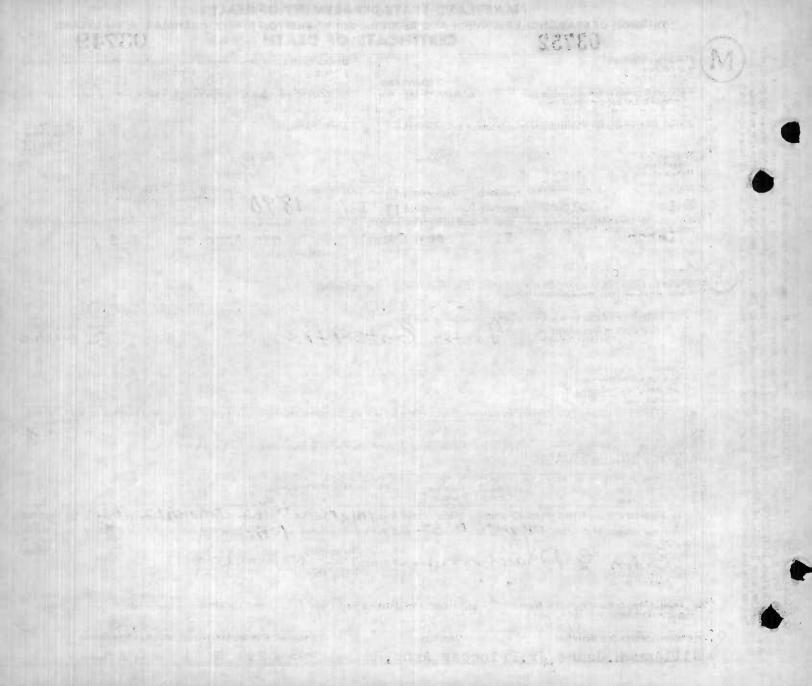
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w. 7.24 hours after		CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	ector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should	i filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	1
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ь. спу о	R TOWN (if	outside cor	porete limi	its,	c. L		STAY IN		c. CITY	OR TOW	/N (If c	utside c	orpore	ete limi	ts, write	RURAL	nd give	nearest	town)
	RURAL and	give neeres			E	110	Time		Trir	ices:	s A	nne		X					
d. NAME	OF HOSPITA	AL OR INST	TITUTION (if not In	hospital,	give street	address)		d. STR	ET ADDR	ESS			Î			7	(RESIDEN
3. NAME O		1.	First			Mide	lle		La	st	14	. DAT	E	-	Month		Day	-	reer
(Type or p		7-7-7	77				Cur	1110				OF DEA	TH		77		T	2	19_0
5. SEX		6. COLOR	OR RACE	7 MAR	PIED 🗆	NEVED MA			DATE OF E	IRTH			19.	AGE (Ir	years	IF UNDER	R 1 YEAR	n-64	DER 24 HF
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gave rise (e), stell cause las PART 20e. ACC OR CONT (IF EITHER 20c. TIM Ho 22e. SIG	cident was the unit. Til. OTHER CIDENT WAS TRIBUTING [R., NOTIFY IN IDENTITY	which te cause derlying SIGNIFICAL SUNDERLY CAUSE C MEDICAL E Y Mont at (I) (the	DUE TO (b) DUE TO (c) NT CONDI (ING GATHER) AMAINER) 19 is hospit	20b. C 20b. C while the control of t	DESCRIBE d. INJUR inile rork anded 23c.	HOW INJ Y OCCURRING White et work	DEATH BUT URY OCCU Dassed from and 1	PLACE factors M.D.	OF INJUR, street, of ATTEN PHYS.	o THE TE of injury Y (Home, fice bldg cured a DING DDRESS	farm, etc.)	20f. (6	City o	the castaff	Buses	(Co	the d	YES Hat (I ate sta	S AUTOR FORMED NO.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL DESCAPCH AND DECORDS 301 W. DESTON STREET BALTIMODE 1. MARYLAND



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITA

VR A1S (4) 15M 9/59

deoth. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03750

a. COUNTY	Somerset	MARYLAND	a CTATE	aryla:	re deceased lived nd	. If institution b. COUNTY	Somera		sian)
b. CITY OR TOWN (If outs RURAL and give nearest		c. LENGTH OF STAY IN 16 Most of life	100	OWN (If aut	side corporate li	mits, write RI	URAL and give I	nearest tow	n)
OR INSTITUTION	f nat in hospital, give stree 9 E. Main St		d. STREET A		Main St.			ON	SIDENCE A FARM? NO 🔼
3. NAME OF DECEASED (Type or print)	RENA	Middle COX	DAUGHERTY		4. DATE OF DEATH	March		Day 4	Year 1962
5. SEX Female 6. 6	White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		9. AC	E (In years birthday) yrs.	Months Day		1
10a. USUAL OCCUPATION (C during most of warking li	Give kind af work dane 10th ife, even if retired)	NIND OF BUSINESS OR INDU. Public School			fareign cauntry Marylar		12. CITIZEN		COUNTRY
13. FATHER'S NAME Lemuel Cox			14. MOTHER'S Ruth	MAIDEN NA	Charles and the same of the sa				
15. WAS DECEASED EVER IN (If yes,	U. S. ARMED FORCES? Dive wor or dates of service) None		nformant rs. Bessi	e Long	g, 19 E.	Addr Main,		eld,	Md.
Canditians, if ony, s gave rise to imme cause (a), stating the u lying couse last.	diate DUE TO (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	AL DISEASE CON	IDITION GIV	EN IN PART 1(a	7.	AUTOPSY ORMED?
PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of	Finjury in Pa	rt I ar Part II af	item 1B.)		YES [] ио [[
20c. TIME OF INJURY N Haur a. m. p. m.	Whil	6.	LACE OF INJURY (I octary, street, office		20f. (City ar to	wn)	(Count	(y)	(State
saw the deceased		ded the deceased fram.		10 4 1 at 6 13	fram the				,
22o. SIGNATURE	all my f	Regton	M.D. ATTENDING		ST.	AFF YS.		21	2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	ARAH M. PEYT	ON, M. D.	22d. ADDRE		St., Cr	isfie]	ld, Mary	land	
23a. BURIAL, CREMATION, 2 REMOVAL (Specify)	3/17/62	Sunnyridge C	or CREMATORY emetery	2	Crisfie		or county) aryland	(Sto	ite)
24. FUNERAL DIRECTOR'S SIG		ADDRESS		25a. REC'D	BY REGISTRAR		STRAR'S SIGNA		200

			4-34-6-	
Justine Carl				
	The French Comp		medical" folia fi	
	1			
			N. Labor	

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY necessary, ector. Page Health, I director. Pag-Somerset Marvland MARYLAND b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Princess Anne Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS for Boal funeral efained State | Route 2 3. NAME OF First Middle DATE Last DECEASED OF he (Type or print) DEATH Clarence L. Doane 6. COLOR OR RACE 7. MARRIED NEVER MARRIED With 5. SEX 8. DATE OF BIRTH buld be executed within 24 hours after detain pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit Affa-ages 1 and 2 will ovals, and in any yevent within 72 hours lovals, and in any yevent 16, 1883 Male Col. Dec. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Doane Armitha Purnell event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Vivian Polk - Princess Anne, Maryland certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] the word "pending" in pencil in I Medical Examiner's Office along burial-transit PART I. DEATH WAS CAUSED BY: Acute Coronary Occulsion IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) geve rise to immediate couse n DUE TO as (e), steting the underlying 0 be used cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word MEDICAL EXAMINER: This 0 shoul 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 buri the Ch. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work prior forwarded to the Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy agent, Suicide Undetermined manner death resulted from: Natural causes Homicide Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE 3 DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) H. Johnson, M.D. Address (Street, city, town, or county) Princess Anne. 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 9

Mt. Calvary Cemetery

ADDRESS

b. COUNTSOMErset

Month

AGE (In years | IF UNDER 1 YEAR

Months

March

78 yrs

Address

Inquiry

Fruitland, Maryland

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE APR 1 1 '62

. IS RESIDENCE

YES X NO

Year

19

INTERVAL BETWEEN

onset and DEATH sudden

PERFORMED?

NO

(Stete)

and in my opinion

DATE SIGNED

3/62

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

IF UNDER 24 HRS.

Dey

29,

(County)

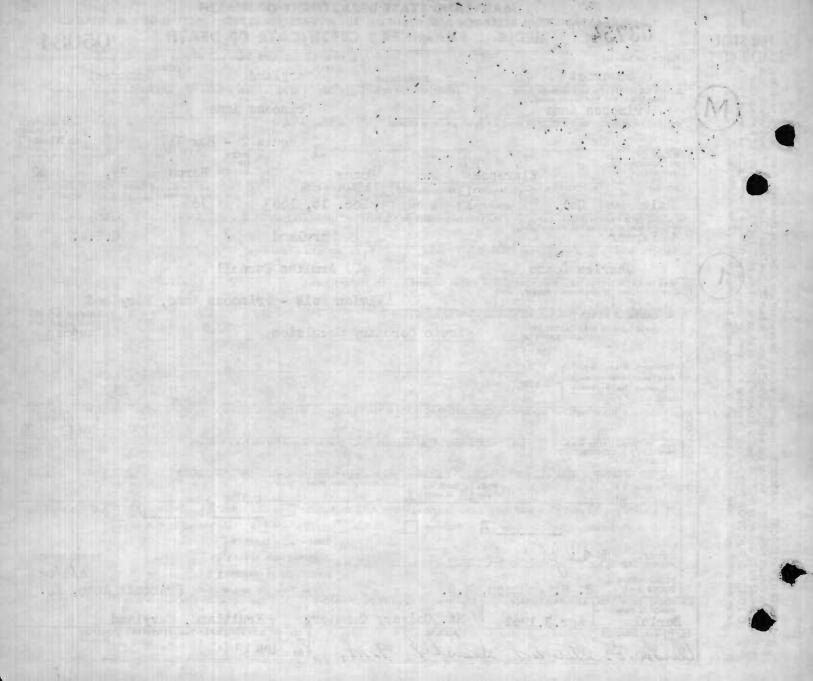
ON A FARM?

62

VS. A15ME 5M 9/60

Burial

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

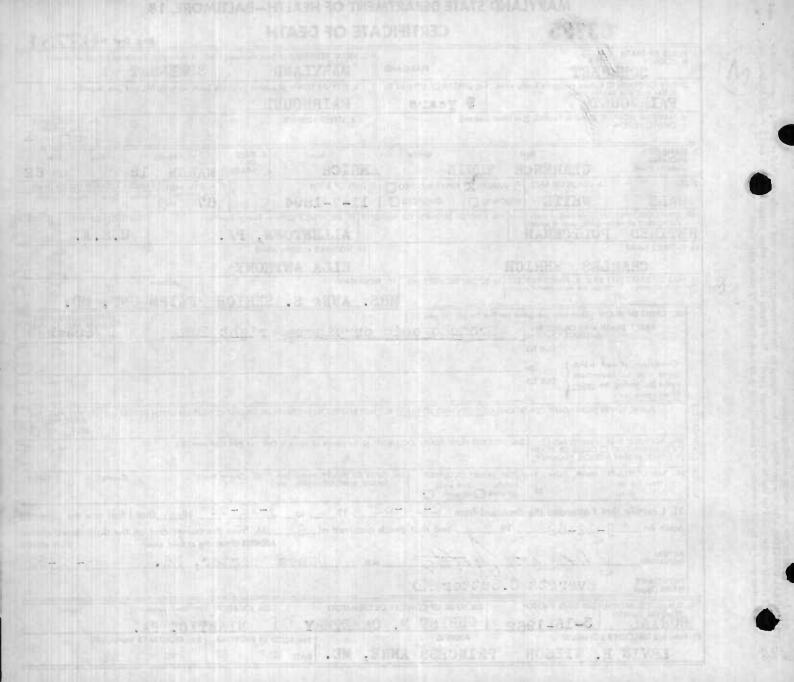
03755

CERTIFICATE OF DEATH

Reg. Dist. Na 3751

1. PLACE OF DEATH a. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (WHO MARYLAND	nere deceased lived. If institut	ion: Residence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FAIRMOUNT	c. LENGTH OF STAY IN 16	FAIRMOUN		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLARENCE E	Middle DWIN	EHRICH Last	4. DATE MO OF DEATH MARCH	12 Day Year 19 62
5. SEX 6. COLOR OR RACE 7. MARRI MALE WHITE WIDOWE	DIVORCED DIVORCED	8. DATE OF BIRTH 11-7-1894	9. AGE (In years lost birthday) 67 yrs	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) RETIRED POLICEMAN 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	ALLENTOW 14. MOTHER'S MAIDEN N	N, PA.	12. CITIZEN OF WHAT COUNTRY U.S.A.
CHARLES EHRICH		ELLA ANT	HONY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO. 17.	INFORMANT	Add	iress
	ME	S. ANNA S.	EHRICH FAI	RMOUNT, MD.
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	e for (o), (b), ond (c).] ronchogenic	arcinoma	right lung	INTERVAL BETWEEN ONSET AND DEATH OWOCKS
gove rise to immediate coesse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COESSE (a), ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Part II of item 1B.)	
A Hour o. m. While	NURY OCCURRED 20e. P	LACE OF INJURY (Home, farm actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE When the staff		h accurred at 6A	_M, fram the causes ADDRESS (Street, city or town	
22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
BURIAL 3-15-1962	CHRIST N.	CEMETERY	NIANTIC.	
23. FUNERAL DIRECTOR'S SIGNATURE LEVIN R. WILSON F	ADDRESS AND			ISTRAT'S SIGNATURE

TO HOSPITA



1 1 FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03752	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Somerset MARYLAND 1. PLACE OF DEATH a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution, Rasidence before admissi b. COUNTY Somerset MARYLAND	on)
is nec	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ewell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDEN	NCE
ny delay funeral sained fo State Bo	Smith Island Smith Island YES NO	M?
the further the State of deal	3. NAME OF DECEASED (Type or print) WILLIAM NASON HEFFNER DEATH March 13 19 62	
ma main main main main main main main ma	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR	
2000	Male White WIDOWED DIVORCED Sept. 1914/ 1913 48 yrs. MONTH 106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siele or foreign country) . 12. CITIZEN OF WHAT COUNT	
hours af 3. Page 1, 2 an 2 an 1, 2 an	done during most of working life, aven if retired) Medical Dector General Practice Gilbertsville, Mass. U. S. A.	
~ c < 0.c	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
8. Give P form PM fr. File pe event wi	Dr. William J. Heffner Kathryn Teresa O'malley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ted wilf tem 18. with for permit, 1 any ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Viss, no, or unknown) (Viss, poly unknown) (Viss, po	N
ite should be executing, in pencil in I ding," in pencil in I directly as a burial-transity or removal, and in	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending;/awa/tting/report/of/autopsy/ Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause test. INTERVAL BETWEEN ONSET AND DEATH Coronary arteriosclerosis; Acute Conditions, if eny, which gave rise to immediate cause (a) stating the underlying cause test. COMMISSION ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH	
s cerl	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP. PERFORMED 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of Injury in Part II or Part II of Item 18.) CAUSE OF DEATH.	
0 0 0		
writing writing Chic	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Clty or town) (County) (State)	
7550 v	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion	n
MEDICAL EX. te the certificate, te the certificate, the certificate, the certificate to the the certificate to the the certificate the certifi	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	
UTY xecu d be ERA esign	DEPUTY MEDICAL EXAMINER 3/16/62 NAME (Type) C. G. Rawley, M.D. Address (Street, city, town, or county) Crisfield. Md.	
She	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
H	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE	
VS. A15ME 5M 7/59	Bradshaw & Sons Crisfield, Md. DATE MAR 2 0 '62 Clathur S. Kraus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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RYLAND STATE DEPARTMENT OF HEALTH FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY b, COUNTY SOMERSET by the MARYLAND SOMER SET MARYLAND b. CITY OR TOWN (it outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 5 CRISFIELD Pages ISFIELD filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS MCUREADY MEMO. letely HOSP. CALVARY NAME OF 4. DATE First Middle Last Month DECEASED OF (Type or print) DEATH MAR CH AWSON 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED T NEVER MARRIED last birthday) FEMALE an Months WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Simmonds Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or detes of service requires that NORMAN TSFIELD, LAWS ON . 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION 80 prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dey, Yeer 2Df. (City or town) (County) factory, street, office bldg., etc. Hour e.m. While Not While et work at work from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) AWLEY. M.D.CRISFIELD, MARYLAND 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY EMOVAL (Specify) Sunny Ridge Md. Honewell 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7 6 Crisfield, Md. DATE MAR 3 0 '62 Wither & Traces

e. IS RESIDENCE ON A FARM?

YES NO TO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19, WAS AUTOPSY

YES

PERFORMED?

NO

(State)

22b. DATE

(Stete)

SIGNED

IF UNDER 24 HRS.

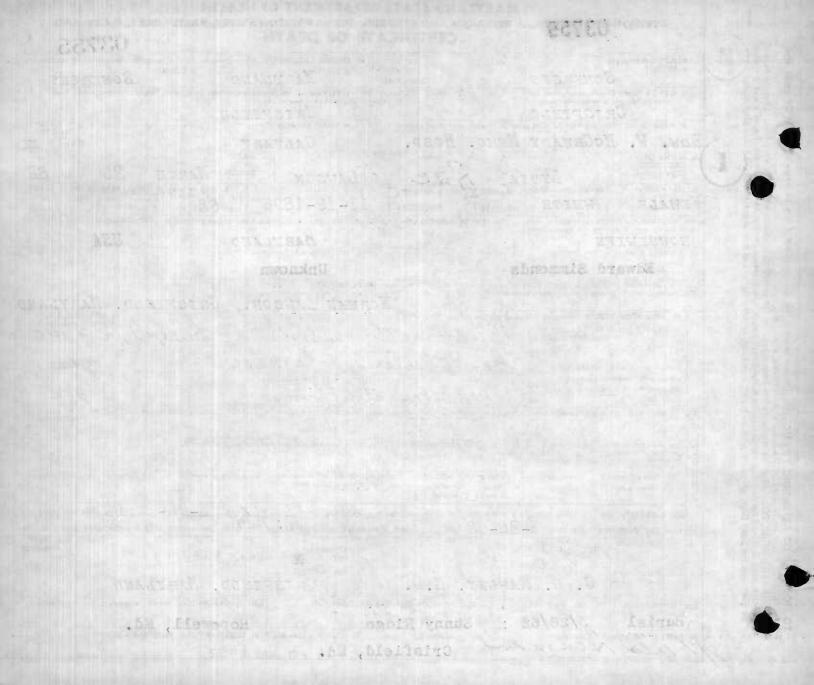
Min

Day

26

Days

USA



VR A15 (4) 15M 9/59

0:	NO DIVISION		DEPARTMENT AND RECORDS -			ND	OOM	- 0
1. PLACE OF DEATH a. COUNTY	Somerset	MARYLAN	2. USUAL RESID		deceased lived. If	CHAITY	desidence befor	
	If outside corporate limits, we earest town) Crisfield	c. LENGTH OF STAY IN 1		OWN (If autsic	de carporate limits. 1d	write RURA	L ond give nea	rest tawn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give st RFD #1	reet address)	d. STREET AL	RFD #1				ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First HERMAN	Middle CARL	RUEBEN	4.	DATE OF DEATH M	Month	Day 3	Year 19 62
5. SEX	77 7 1	MARRIED NEVER MARRIED DOWED DIVORCED	0 1 0	1878	9. AGE (I		INDER 1 YEAR Onths Doys	Haurs Mir
during mast at wor	king life, even if retired)	106. KIND OF BUSINESS OR IN	Hambu	rg, Ge	rmany		USA	WHAT COUNT
13. FATHER'S NAME Franz R			14. MOTHER'S Heler		E			
	(If yes, give wor or dotes of service)		7. INFORMANT Mrs. Helen	Northa	m, RFD#	Address 1, Cri	sfield,	Md.
	the under-	Cute De Clima Int	hylute Jocuse		Ureme		ONS	Terror
200. ACCIDENT W.	I cueras	ONS CONTRIBUTING TO DEATH Rescribe HOW INJURY OCCU	Selvo	aco			N PART 1(a)	P. WAS AUTOP PERFORMED? YES NO
20c. TIME OF INJUI Hour o.m.	RY Month, Doy, Year 2	Od. INJURY OCCURRED 20e Vhile Not while t work at work	e. PLACE OF INJURY (In factory, street, office		20f. (City or town)		(County)	(Sto
saw the decea	ot (I) (this hospital) at	tended the deceased from 2 1962, and the	on Jaw /		from the cau			ot (I) (we) I stated obo
220. SGNATURE Levr 22c. PHYSICIAN'S NAME (Type)	George C. Co	bulbourn, M. D.	M.D. ATTENDING PHYS. 22d. ADDRE	SS DIREC	n Statio		no caballo con con con con con con con con con co	22b. DATE SIGN
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	3/5/62	23c. NAME OF CEMETER Sunnyridge			LOCATION (CIT		ounty)	(Stote)
24. FUNERAL DIRECTOR Bradshaw &	es signature & Sons, Crisfi	ADDRESS		250. REC'D B	registrar 2 7 '62		R'S SIGNATUR	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY ARYLAND by the and 2 death. SOMERSET MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RISFIELD d. STREET ADDRESS MEMORIAL 3. NAME OF Middla DATE DECEASED OF THOMAS (Type or print) MONA RAY DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED [DIVORCED requires that the death certificate 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yas giva war or datas of servica THOMAS WAYNE 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Ednom Tricis gava rise to immadiata cause DUE TO (e), stating the underlying CERTIFICA 2Da. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work | et work 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Spacify) Sunnyridge Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bradshaw & Sons - Crisfield. Md. 1SM 7/61

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY SOMERSET c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) a. IS RESIDENCE ON A FARM? YES NO MARCH 29TH 1962 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Addrass MATN ST That perutonite & Shoely. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) (County) (Stata) 21. I certify that (I) (this hospital) attended the deceased from 19...., that (I) (we) last saw the deceased alive on MARCH 25 62 and that death occurred at 15..., from the causes and on the date stated above. 22b. DATE SIGNED GRISFIELD, MARYLAND 23d. LOCATION (City, town or county) Crisfield, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Circhay S. Krous DATE APR 2

RYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEA				2. USUAL RESIDEN	ICE (Where d	eceased lived. If	institution	制品	c before	admission
Somera	t		MARYLAND	Ma. STATE		b. COUR			. 00	
b. CITY OR TOWN	(if outside corporate lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	oorata limits, writ	RURAL a	nd give	neerest to	wn)
Princess	and give nearest town)		23 Years	Princess	Anne	X				
d. NAME OF HOS	SPITAL OR INSTITUTION	(if not in hos	pital, give street address)	d. STREET ADDRESS		1				A FARM?
3. NAME OF	Firs		Middle	Last	4. DATE	Mont	h	Day	Yes	er .
DECEASED (Type or print)	Edna			White	OF DEATH	3		30) 19	62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	IF UNDER			R 24 HRS.
Female	Colored	WIDOWE		9/25/13		last birthday) yrs.	Months	Days	Hours	Min.
done during most of	ATION (Give kind of wor working life, even if retire	k 10b. K	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & Stete, or	foreign country)	12. C	ITIZEN O	F WHAT	COUNTRY
LE D		- de	nning Factor	e Vir inis			I	S	1.	
13. FATHER'S NAME			0	14. MOTHER'S MAIDEN						
Charles	.ashinata	on		Ila?						
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	157.5	Address				
(Yes, no, or unkown)	(If yes give wer or dates of	service)	J	ecqueline (Frant.	Trince	as A	nne.	Md.	
18. CAUSE OF	DEATH [Enter only one	cause per l			,				ERVAL SE	TWEEN
	ATH WAS CAUSED 8Y:	Maroc	ardial infa	retion					ISET AND	
1110	IMMEDIATE CAUSE (e)	riyoc	arutar riira	1 C 0 L 0 I I					minu	.003
17	DUE TO									
Conditions, if e)								
geve rise to imme										
ceuse last.										
Z PART II. OTH	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(e) 1		AUTOPSY DRMED?
ATI	pleuri	SY							YES T	NO TO
	WAS UNDERLYING THE		CRISE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert I	II of item 18.)				
(IF EITHER, NOTI	FY MEDICAL EXAMINER									
3 20c. TIME OF IN	JURY Month, Day, Ye	er 20d.		ACE OF INJURY (Home, far		y or town)	{C	ounty)		(Stete)
20c. TIME OF IN		While at wor	THOI WILLIAM	ctory, street, office bldg., et	c.)					
Pin					10	2 20	60 1		1 . (1)	(-)
			ded the deceased from							
		30-62		it death occured at	I.OM, fron	n the causes	and on	the da		b. DATE
22a. SIGNATUR	_	terMD		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4-	2-6		SIGNED
22c. PHYSICIAN	'S C	41	latte V	22d. ADDRESS	ie N					
MANUE (1)	bure	91	gues m	Da:	mes Qu	arter,	Mar	yla	nd	
23a. BURIAL, CREMA		REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOC	ATION (City, to	wn or cou	nty)	(:	Stete)
REMOVAL (Special	4/6/65		John Wesle) V	Pri	ncess A	nne	NA.		
	0.000		ADDRESS	125- 05		TRAD OFL DE	CICTRADI	CICNIA	TIDE	

H. James Jr. Frincess Anne, Md

APR 5

DATE

arthur S. Kraus

filled in by the funeral n 24 hours after pletely f The law requires that the death certificate be executed I may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and 3 should be detached for use as the burial-transit permit. Then please remove cart he State Dept. of Health prior to burial, cremation, or removal, and in any event, we VR A15 (4) 1SM 7/61

THE WALL A. ST. G and the 12 of the storm could be seen and the second second

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution: Rasidanca before admission) a. COUNTY b. COUNTY files. Maryland Somerset MARYLAND Somerset b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. writa RURAL and giva nearast town) Rehoboth (Rural) Rural Rehoboth d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE for Boar ON A FARM? YES NO State 3. NAME OF First 4. DATE Middla Last Month Day Yaar DECEASED 62 DEATH March (Type or print) 19 Williams Grant 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 3 last birthday) Months 1 Davs Hours Min. 2, and 5 may Male Negro DIVORCED Jan. WIDOWED [10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Maryland USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Williams Elizabeth Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yesgiva war or datas of sarvica) Daisy B. Johnson (sister) Crisfield, Md. No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: instantan-Coronary octlusion IMMEDIATE CAUSE (a) Office vial eous DUE TO Conditions, if any, which (b) "pending" xaminer's C gava risa to Immediate causa 60 DUE TO Examiner's (a), stating the underlying 88 cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Word NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. writing to Chief / MEDICAL 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion forwarded to DIRECTO death resulted from: Natural causes X, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Rawley, M.D. Addr
E THEREOF | 22c. NAME OF CEMETERY OR CREMATORY NAME (Typa) Crisfield. Md. Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Ebenezer Meth. Cem. Marumsco (Som. Co. ö Q40 Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Certhur S. France 5M 7/59

